

HEALTH CARE AGENCY

Business Plan *2002*



Juliette A. Poulson, RN, MN
Director
March 2002



**COUNTY OF ORANGE
HEALTH CARE AGENCY**

JULIETTE A. POULSON, RN, MN
DIRECTOR

DAVID L. RILEY
CHIEF OPERATING OFFICER

MAILING ADDRESS:
405 W. 5th STREET, ROOM 721
SANTA ANA, CA 92701

TELEPHONE: (714) 834-6254
FAX: (714) 834-3660
E-MAIL: jpoulson@hca.co.orange.ca.us

OFFICE OF THE DIRECTOR



March 1, 2002

Dear Colleagues,

It is my pleasure to present you a copy of the Health Care Agency's (HCA) 2002 Business Plan. This plan is a reflection of our continued commitment to share with the County and the community the Agency's accomplishments and our plans for the future. It also discusses opportunities, challenges and the current health service environment.

The Business Plan process is an important element of Orange County's Corporate Management System. The annual Business Plan provides us the opportunity to define our mission, establish goals, develop the strategies to achieve those goals, and measure performance. It also provides an important forum for program planning and employee goal setting in the context of the Agency's mission.

The environment in which the Health Care Agency operates is quite dynamic and the current world and economic events have added to our challenges. Enhancing disaster preparedness including identifying and responding to biological and chemical terrorist events is a top priority. Less visible but also very important in the long term is improving services and strengthening our workforce to address the health issues of the County's diverse populations.

The 2002 Business Plan continues to reflect the strong commitment of the Agency to collaborate with our community partners, employees, and others in planning efforts and the ongoing development of a coordinated high quality health service system. While the year 2002 presents many challenges, it also holds great promise as we work together for a healthier tomorrow.

Sincerely,

Juliette A. Poulson, RN, MN
Director

Enclosure

HEALTH CARE AGENCY

2002 BUSINESS PLAN

TABLE OF CONTENTS

I.	Executive Summary	1
II.	Mission and Goals.....	7
	Vision.....	7
	Mission.....	7
	Values.....	7
	Goals and Business Strategies	7
	Key Outcome Measures	9
III.	Operational Plan	15
	Clients	15
	Resources	17
	Challenges	18
	Strategies to Accomplish Goals.....	19
IV.	Appendices	
	A- Current Organization Chart.....	26
	B - Executive Management & Business Plan Team.....	27
	C - HCA 2001 Business Plan Accomplishments	28
	D - Caseload/Client Data	31
	E - HCA Collaboratives	33
	F - Labor Management Committee.....	35

EXECUTIVE SUMMARY

The Health Care Agency (HCA) is pleased to present the 2002 Business Plan. It defines who we are, what we do and what this means to the community. Through an Agency-wide comprehensive strategic planning process, we have refined our vision, mission and goals, and developed strategies reflecting our Agency's values. The following is the result of our efforts.

Vision

Working Together for a Healthier Tomorrow

Mission

We are dedicated to protecting and promoting the optimal health of individuals, families, and our diverse communities through:

- **Partnerships**
- **Community Leadership**
- **Assessment of Community Needs**
- **Planning and Policy Development**
- **Prevention and Education**
- **Quality Services**

Values

Partnering with our clients and the community, we value

***Excellence* in all we do**

***Integrity* in how we do it**

***Service* with respect and dignity**

Goals

- **Prevent disease and disability, and promote healthy lifestyles.**
- **Assure access to quality health care services.**
- **Promote and ensure a healthful environment.**
- **Recommend and implement health policy and services based upon assessment of community health needs.**

Business Strategies

- **Encourage excellence by ensuring a healthy work environment that values employees.**
- **Support the workforce through the effective use of technological and other resources.**

SERVICES WE PROVIDE

To accomplish our mission and goals, we perform a variety of public health, medical, behavioral, and regulatory functions that promote and protect the general public, serve special needs populations, assist business and industry, and facilitate the work of other community based providers. Examples of HCA's services include:

- Regulatory Health Services, focusing on the prevention of threats to environmental health through monitoring and inspection, licensing, and statutory regulation, e.g., food sanitation, ocean recreational water protection, hazardous waste management, and animal care services.
- Public Health Services, focusing on preventing the transmission of communicable diseases such as tuberculosis, sexually transmitted diseases, and human immunodeficiency virus (HIV); advocating safe and healthy lifestyles; and increasing access to healthcare for children and families.
- Behavioral Health Services, focusing on prevention of substance abuse, promotion of mental health, and treatment services for children, adolescents, adults and older adults with serious mental, emotional and/or substance abuse problems.
- Medical and Institutional Health Services, focusing on the care of eligible medically indigent adults who have no other source of medical care, and minors in institutions and adults in correctional facilities, as well as emergency medical services coordination and disaster planning.

WHOM WE SERVE

Our ultimate client is the entire County population. While providing direct services to individual clients or patients, the Agency's primary focus is to protect and promote the health and safety of the community as a whole. As we know, Orange County is continuing to grow and become more diverse. Over the next decade, teens and older adults will become Orange County's fastest growing population sub-groups. The Health Care Agency is continually planning in anticipation of these changes so that our services meet the needs of the community.

The Agency's ability to meet these needs will continue to include community collaboratives focused on creating a coordinated continuum of services. Examples of collaboratives where HCA plays a key role in meeting community needs are: the Children's Services Coordination Committee, the Children and Families Commission (Proposition 10), the Continuum of Care System for the Homeless, the Orange County Health Needs Assessment Steering Committee and Community Partnership, the Tobacco Settlement Advisory Group, and the Emergency Medical Care Committee.

2001 ACCOMPLISHMENTS

During 2001, 94% of our Business Plan objectives were accomplished in whole or in part and significant progress was made on our key outcome measures. Major accomplishments include:

Improved family and individual health: Royalé, an 80-bed mental health rehabilitation center, was established in Mission Viejo, and services to comply with Proposition 36 provisions for the treatment of drug abusers were initiated. Through a countywide effort, net enrollments (numbers enrolled less those who disenrolled) on public health insurance programs increased by 46,000 children between 1999 and April of 2001.

Availability of integrated prevention, treatment and rehabilitation services: In collaboration with the Sheriff, a pilot project for the provision of alcohol and drug treatment services to 104 inmates in adult correctional facilities was initiated. Field Nursing services were established in four Family Resource Centers throughout the county.

Reduce environmental threats to health: Two studies for the identification and tracking of watershed and ocean water bacterial contaminants were initiated; programs to increase awareness of food-borne illnesses were conducted in two targeted communities. Unanticipated accomplishments resulted from the need and opportunity to exercise responses to biological and chemical terrorism and enhance overall disaster preparedness.

Provide services with a focus on quality: An Agency-wide Corporate Compliance Program was initiated and all staff were trained in compliance issues and practices. Materials to fulfill accreditation requirements for juvenile health facilities were developed.

Create a working environment that encourages excellence: Several organizational objectives associated with the DMG-Maximus organizational study were completed. An Agency-wide Five-Year Strategic Plan was produced, and a Training and Professional Development Plan to complement the Management Performance Plan and Performance Improvement Plan processes was completed. In partnership with Corporate Human Resources, a pilot project to improve the employee recruitment and selection process was conducted, resulting in faster access to interested candidates, a better interview response rate and a continuous pool of applicants to choose from, thereby reducing the average time it takes to recruit and hire for a vacancy.

Acknowledgment in the community as a leader in health care planning: In collaboration with community advocates, programs funded by Tobacco Settlement Revenue (TSR) were developed and implemented. We continue to participate with the Community Services Agency in development of the Conditions of Older Adults Report.

Implementing advanced technology systems: Funding for Phase One of the Enterprise Health Information System was secured and work initiated. A user-friendly Guide to Services booklet for the public on all HCA programs and services was published, and an award winning website for lost animals was developed.

2002 STRATEGIES

The Health Care Agency's 2002 Business Plan contains strategies that will be addressed throughout the year. The criteria for identifying these selected strategies included consistency with County and Agency strategic goals, anticipated new funding or service mandates, and a realistic assessment of the resources available for individual projects. Although HCA will continue to use a multitude of measures to assess our performance, the following key indicators have been selected that crossover several goals and directly address our mission:

Health Care Access for Children – Increasing access to health care for all persons is a priority. Individuals who are insured are more likely to receive preventive services and health care when needed resulting in improved health outcomes. A current strategic priority for the County is to assure that children have access to public programs for which they are eligible. Monitoring the number of eligible children and youth and those enrolled in health insurance programs enables us to plan enrollment education and other outreach strategies.

Annual Rates of Death and Hospital Admissions for Chronic Disease – Another Agency priority is a reduction, over time, in the rates for the three leading causes of death in Orange County: cancer, heart disease, and stroke.

Reduce/Eliminate Communicable Diseases - Tuberculosis is a serious public health concern. As many as one in 10 of those who are currently infected will eventually develop active tuberculosis and could spread it to others. We will be measuring the annual rate of TB cases in Orange County and the proportion of patients successfully completing treatment for active and latent TB infection.

Protect Ocean and Recreational Water Quality - Improved ocean water quality is a strategic initiative for the County of Orange. The overall goal is to reduce and eliminate environmental threats to community health that are associated with unsafe ocean and recreational water quality. The primary role of HCA's Ocean Recreational Water Quality Program is to post warnings when bacterial levels exceed health standards, and to close ocean or bay waters when an immediate health hazard is identified. As a Key Outcome Measure, we will track total numbers of closures and the length and, therefore, severity of each closure.

Reduce Violence and Unintentional Injuries - Accidents (e.g., motor vehicle crashes, firearms, falls, drowning, suffocation, & fire) are the leading cause of death for OC residents, 1 to 34 years of age. Deaths due to intentional injury or violence, while much more rare, entail tremendous social costs. We will continue to monitor deaths due to homicide, suicide, and unintentional injuries.

CHALLENGES

The environment in which the Health Care Agency operates is quite dynamic and the current world and economic events have added to our challenges. Our largest single funding source, Realignment, which is comprised of Sales Taxes and Vehicle License Fees, is directly impacted by the State's economy. Enhancing disaster preparedness including identifying and responding to biological and chemical terrorist events is a top priority. Less visible but also very important in the long term is improving services and strengthening our workforce to address the health issues of the County's diverse populations.

We will meet these challenges through exploring other revenue sources; evaluating fees on a regular basis to ensure full cost recovery where possible; emphasizing professional development opportunities for staff; effectively utilizing technology, and continuing our emphasis on collaborative service delivery as we work together with our community partners to serve the citizens of Orange County.

II. MISSION AND GOALS

*Vision
“Working
Together
for a Healthier
Tomorrow”*


During 2001 the Health Care Agency (HCA) engaged in a strategic planning process to set the Agency’s direction for the next five years. Managers from all service and administrative components of the Agency reviewed and refined the Agency’s vision, mission, and goals and provided input for development of a values statement, strategic directions, and key performance measures. The draft vision, mission, goals, and values were shared with employees through a series of employee forums. Over 275 employees attended these forums and provided feedback on the draft statements, which resulted in the new Agency vision, mission, values statement and goals. Two of the original goals have since been redefined as “business strategies,” in that they support the Agency’s efforts to achieve each of the community-oriented goals.

Our Vision: “Working Together for a Healthier Tomorrow”

Our Mission: We are dedicated to protecting and promoting the optimal health of individuals, families, and our diverse communities through:

- Partnerships
- Community Leadership
- Assessment of Community Needs
- Planning and Policy Development
- Prevention and Education
- Quality Services



Our Values:

Partnering with our clients and the community, we value

Excellence in all we do

Integrity in how we do it

Service with respect and dignity

Our Goals:

1. Prevent disease and disability, and promote healthy lifestyles.
2. Assure access to quality health care services.
3. Promote and ensure a healthful environment.
4. Recommend and implement health policy and services based upon assessment of community health needs.

Business Strategies:

1. Encourage excellence by ensuring a healthy work environment that values employees.
2. Support the workforce through the effective use of technological and other resources.

Mental-health center brings patients home to Royalé Mission Viejo

“With 80 beds and a vocational training center, Royalé promises to bring home some of the county’s 300 mentally ill patients now getting care in Riverside and Los Angeles Counties.”

*Orange County Register
(4/27/01)*

Services and Community Benefits - In order to accomplish our mission and goals, we perform a variety of public health, medical, behavioral, and regulatory health functions that protect and promote the health of the general public, serve special need populations, assist business and industry and facilitate the work of community-based organizations, including our County partners.

Many of HCA’s services are part of the fabric of everyday life, and because they are preventive in nature, the more effective they are, the less noticeable they may be to the community. Services include physicals and immunizations for low-income children entering school; providing access to mammograms for low-income women; monitoring our water to ensure its safety; ensuring the health of those placed in juvenile and adult institutions; food safety; and coordinating care for individuals and families in our community with behavioral health problems. The vast majority of services provided by HCA are ongoing in order to meet mandates or longstanding needs of the community.

Organizational Structure The Health Care Agency is comprised of the following service areas:

Public Health Services - Monitors the incidence of disease and injury in the community and develops preventive strategies to maintain and improve the health of the public.

Behavioral Health Services - Provides a culturally competent and client-centered system of behavioral health services for all eligible county residents in need of mental health care and/or treatment for alcohol and other drug abuse.

Medical and Institutional Health Services - Coordinates emergency medical care, provides medical and behavioral health care to adults and children in institutional settings, and contracts essential medical services for patients for whom the County is responsible.

Regulatory Health Services – Ensures food safety and water quality and protects the public’s health and safety from harmful conditions in the environment, from animal-related injury, and from disease and nuisance hazards through the enforcement of health and safety standards.

Financial and Administrative Services – Promotes and provides for the fiscal and operational integrity of the Agency through sound management principles and practices, and provides support services to Agency programs.

An Agency organizational chart can be found in Appendix A and a list of HCA's Executive Team can be found in Appendix B.

KEY OUTCOME MEASURES

The Health Care Agency utilizes a variety of different measures of performance to meet the mandates of its funding sources and regulatory agencies, and to ensure compliance with established administrative and clinical best practices. The annual Business Plan is one means by which we can summarize our progress in reaching our goals. A summary of how well the Agency did in accomplishing its 2001 goals is presented in Appendix C.

***94% of Business Plan
2001 performance
objectives were
accomplished in whole
or in part***

During 2001, as part of the Agency-wide strategic planning process a framework for performance measures was initiated. Although HCA will continue to use a multitude of measures to assess our performance over the next five years, five indicators have been selected that cross over several goals and directly address our mission. These key outcome measures include indicators for healthcare access for children, chronic disease, communicable disease, water quality, and injury indices. It is important to note, however, that the key outcome measures selected are reflective of the entire health care system and not just of HCA's performance. The following pages describe each measure, its importance and how we are doing. The particular goal to which each key outcome measure is related is noted in the description.

Over the next year a new and more comprehensive key outcome measure will be developed for mental/behavioral health. The proposed measure will be a composite measure derived from instruments that measure the clinical status and satisfaction of clients. This composite measure will be developed separately for both children and adults who receive HCA Behavioral Health Services.

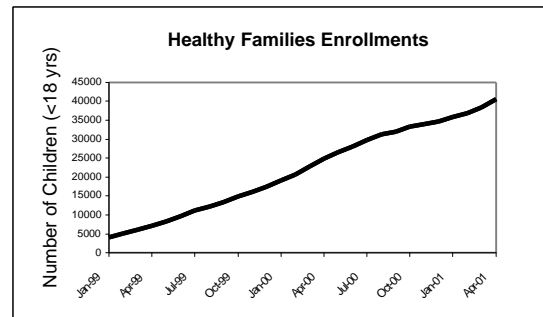
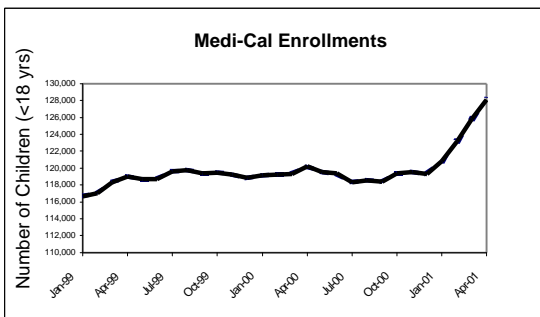
Health Care Access for Children

What is the measurement?

In 1999, the Health Care Agency established the goal of reducing the number of uninsured children in Orange County by 75% over the following three years. Data will be available in Spring of this year by which to directly measure progress in meeting that goal. An interim, indirect measure is the number of eligible Orange County children and youth enrolled in health insurance programs including Medi-Cal, Healthy Families, California Kids, Access for Infants and Mothers (AIM), Kaiser Permanente's Cares for Kids, and California Children Services (CCS) health insurance programs. This measure relates to HCA Goals 1, 2, and 4.

Why is it important?

Access to health care is a priority. These programs provide health care insurance coverage for children and youth in low-income families. Individuals who are insured are more likely to receive preventive services and health care when needed resulting in improved health outcomes. Monitoring the number of eligible children and youth and those enrolled in these programs enables us to plan outreach and utilization strategies.



How are we doing? Progress has been made.

Based on available data regarding enrollment, it would appear that progress has been made over the past two-and-a-half years in providing health insurance to an estimated 46,000 previously uninsured children and youth in Orange County.

A continued increase in the number of low-income children and youth with health insurance coverage is expected over the next year. New data from the Orange County Health Needs Assessment (OCHNA) and the UCLA California Health Interview Survey (CHIS) will be available in Spring 2002. Once available, we will have a more accurate estimate of the number of children and youth in Orange County who remain uninsured, which will take into consideration rates of enrollment, growth in the population, and other factors (e.g., economic) contributing to rates of insurance.

Annual Rates of Death & Hospital Admissions for Chronic Disease

What is the measurement?

The measure will be a reduction over time in the rates for the three leading causes of death in Orange County – specifically cancer, heart disease, and stroke. This measure relates to HCA Goals 1, 2, and 4.

Why is it important?

Cancer, heart disease, and stroke are the three leading causes of death of Orange County residents, accounting for 60% of all deaths in 1999, and over \$1.20 billion annually in hospital charges.

How are we doing? Rates have improved.

While the survival rate for persons receiving timely and appropriate medical care has improved, Orange County has a higher rate of cancer, heart disease and stroke compared to the statewide rates and national objectives.

The table below identifies 1999 age-adjusted death rates for Orange County and California as well as the 2010 goals established through the *Healthy People 2010* initiative coordinated by the U.S. Department of Health and Human Services.

HEALTH STATUS INDICATOR	ORANGE CO. AGE-ADJUSTED DEATH RATE	STATEWIDE AGE-ADJUSTED DEATH RATE	NATIONAL HP2010 OBJECTIVE
ALL CANCERS	184.5	179.5	159.9
HEART DISEASE	232.5	193.0	166.0
STROKE	67.7	63.3	48.0

Reduce/Eliminate Communicable Diseases

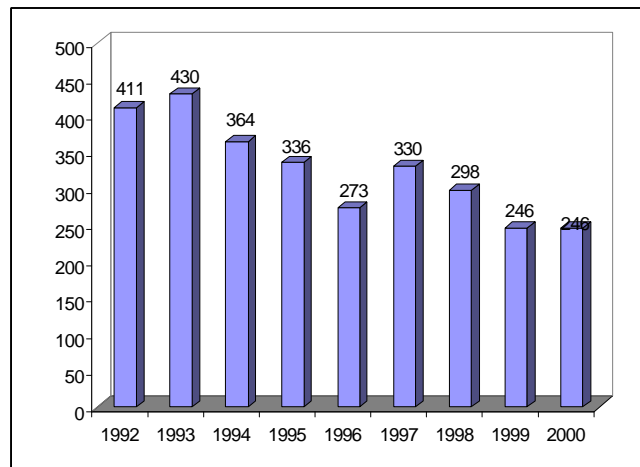
What is the measurement?

The incidence of tuberculosis (TB) and successful completion of treatment for TB infection, as measured by: (a) annual rate of TB cases in Orange County and (b) proportion of patients successfully completing treatment for active and latent TB infection. This measure relates to Goals 1, 2, 3, and 4.

Why is it important?

Tuberculosis is a serious public health concern. As many as one in 10 of those who are currently infected will eventually develop active tuberculosis and could spread it to others. Drug-resistant tuberculosis is a major problem in many parts of the world and has emerged in the U.S. as well. Failure to complete drug therapy programs is one of the primary causes of increased drug-resistant TB.

To control TB and further reduce the number of new cases, increased efforts are needed to identify and provide preventive therapy to the estimated 275,000 individuals with latent TB infection in Orange County.



How are we doing? Rate continues to decline.

In both 1999 and 2000, Orange County reported 246 cases of tuberculosis, a number reflecting a 17% decline from 1998 (when 298 cases were reported). However, in 2000 the TB case rate was still higher than the statewide goal for that year. The TB case rate was 8.7 cases per 100,000 Orange County residents, two-and-a-half times higher than California's *Year 2000 Health Objective* of 3.5 TB cases per 100,000 Californians.

Protect Ocean and Recreational Water Quality

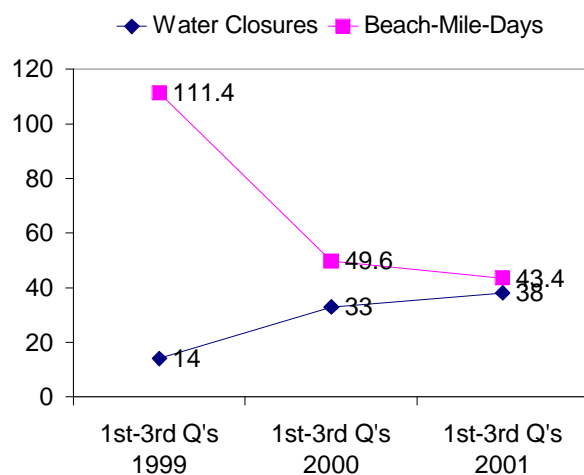
What is the measurement?

Reduction in the number of beach-mile-day closures per year is the measure. This relates to HCA Goals 1, 3, and 4.

Why is it important?

Improved ocean water quality is a strategic initiative for Orange County. The overall goal is to reduce and eliminate environmental threats to community health that are associated with unsafe ocean and recreational water quality. HCA's Ocean Recreational Water Quality Program posts warnings when bacterial levels exceed health standards and closes ocean or bay waters when an immediate health hazard is identified. In addition to tracking total numbers of closures, the program is using a new measurement of closures in beach-mile-days, which is meant to provide a more meaningful comparison of ocean water availability to the public from year to year. This companion measure takes into account the length of oceanfront closed, and therefore provides a more refined measure of the severity of each closure. Ongoing water quality efforts include projects to identify the sources of bacteria and refine laboratory-testing procedures to provide earlier notice of potential health hazards.

How are we doing? Significant Reduction.



While the total number of water closures more than doubled between 1999 and 2001, the magnitude of beach-mile-day closures was reduced by 60%, significantly reducing the overall impact of the closures.

“[A] new water-quality laboratory...is part of the State’s [plan for a] new \$5 million marine studies center at Newport Beach’s Shellmaker Island... The new laboratory will also eventually house research activities, including a water-quality study for San Juan Creek in South County and pollution studies for Huntington Beach and Newport Beach”

Los Angeles Times
(4/18/01)

Reduce Deaths due to Violence or Unintentional Injury

What is the measurement?

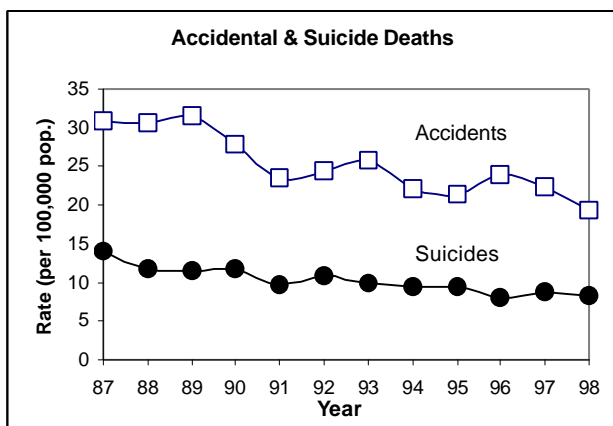
Continue to work toward achieving Healthy People 2010 target objectives for deaths due to accidents, suicide, and homicide indexes, evidenced by declining annual rates of death for Orange County. (Goals 1, 2, 3 and 4)

Why is it important?

Accidents (e.g., motor vehicle accidents, firearms, falls, drowning, suffocation, & fire) are the leading cause of death for OC residents, 1 to 34 years of age. Motor vehicle crashes are the most common cause of serious injury and death. While the rate is relatively low, depending on the age group, suicide is the third or fourth leading cause of death among persons aged 15 to 54 years of age in OC. Homicide is the most reliable indicator of all violent crime and has tremendous impact on persons and the community.

How are we doing? Significant Reduction.

The rate of such preventable losses due to accidents has declined over the past decade and OC is near the HP2010 objective. OC has already exceeded the HP2010 target objective for motor vehicle accident deaths (OC 6.7 vs. HP2010 9.2). Similarly, the rate of suicide deaths has systematically declined over the past decade and OC is below rates for both the state, nation, and HP2010 targets.



In 1998, the U.S. murder rate was the lowest in three decades. None-the-less, homicides are among the top 5 causes of death for 15 to 54 years of age OC residents. Moreover, homicides (in addition to accidental deaths), are the leading cause of death for 15 to 19 year olds. The overall homicide rate for OC is below state and national levels and currently below the HP2010 objective of 3 per 100,000 population.

Cause of Death	OC	CA	US
Accident	16.7	22.9	30.1
Suicide	7.2	8.9	10.4
Homicide	2.6	7.5	7.3

III. OPERATIONAL PLAN

WHOM DO WE SERVE?

The ultimate client of the Health Care Agency (HCA) is the entire County population, and the many people who visit Orange County for business or pleasure each year. While providing direct services to individual clients or patients, the Agency's primary focus is to protect and promote the health and safety of the community as a whole.

Orange County is likely to continue to grow and become more ethnically and racially diverse over the next decade, with the fastest growing population groups expected to be teens (up 46%) and older adults (up 37%); in fact, the category "older adults" includes the two fastest growing segments of our population, persons 55-64 (up 75%), and 85 and above (increasing 62%). The Hispanic teen population is expected to almost double by the end of the decade, followed by Asian/Pacific Islander teens at 53%. For adults age 60 and older, the greatest increases are projected to be among American Indians, African Americans, and Asian/Pacific Islanders (all up nearly 90%), followed by Hispanics (up 65%) and non-Hispanic Whites (up 25%). The anticipated increases in these two age groups could result in increased numbers of at-risk individuals requiring prevention services, and individuals requiring medical and behavioral health intervention and treatment services.

Expanded Care Funded for Community Clinics

"...Supervisors OK \$5.7 million in tobacco funds for medical sites that help poor, elderly...and would help reduce overcrowding in hospital emergency rooms..."

Los Angeles Times
(9/26/01)

The increasing diversity of our community is important in two ways. First and most directly, diversity increases the need for culturally and linguistically appropriate health service delivery. Secondly, disparities in health outcomes are related to biological, social and cultural differences between and among subgroups in the general population, including differences in access to and utilization of services.

HCA's clients can be broadly divided into three major groups: the community at large, at-risk individuals, and individuals needing intervention or treatment.

The Community At Large - involve individuals, families and communities that are directly or indirectly served through our activities that protect and promote the health of the general public such as:

- Disaster victims
- Restaurant patrons
- Ocean swimmers
- School-age children needing immunizations

At Risk Individuals Needing Preventative Services – are those individuals who are at risk of developing or increasing the severity of health problems such as:

- Substance-exposed infants
- Children in foster care
- Homebound frail elderly
- Homeless and other poor persons in need of medical treatment

*Over
the next
decade,
teens and
older adults
will become
Orange County's
fastest growing
population
sub-groups*

Individuals Needing Intervention And/Or Treatment – include those that need services to prevent them from progressing to more serious health problems and have no other source of care:

- Disabled individuals
- Incarcerated offenders
- Individuals suffering from mental illness
- Individuals needing substance abuse treatment

HCA continues to plan for the future in light of our changing population. For example, as the number of senior citizens grows, the number of County residents with chronic diseases that contribute to death and disability will likely increase as well. As the size of the teenage population grows, the number of County residents prone to life style-related causes of chronic disease (e.g., alcohol, tobacco, poor diet and insufficient exercise) will also grow.

At-risk individuals requiring prevention services, such as low-income families, the elderly and children, are likely to increase. Individuals requiring medical and/or behavioral health intervention and treatment services are also likely to increase.

The number of inmates requiring medical and /or behavioral health intervention services has increased. For example, correctional medical services sick call visits increased by 5 percent from 1998 to 1999. It is estimated that at least 60 percent of these inmates are chemically dependent. Juvenile health services intake assessments, while relatively stable from FY 94-95 to FY 99-00 at Juvenile Hall and Orangewood could increase as the juvenile population increases. Additional information regarding caseload data is located in Appendix D.

RESOURCES

The HCA adopted budget for Fiscal Year 2001/2002 includes \$421 million in net appropriations with 2,628 positions and 178 different funding sources. HCA currently operates with over 200 state and federal mandates.

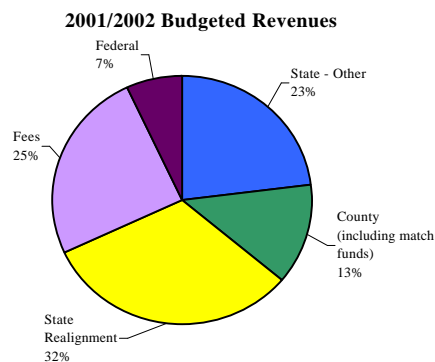
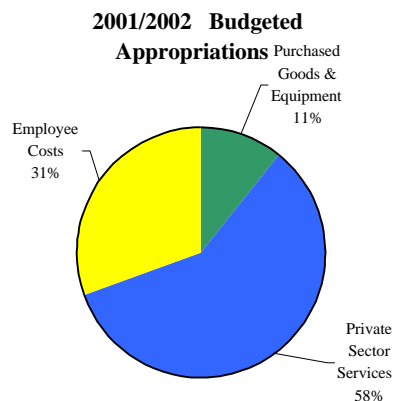
State and Federal revenue and fees comprise 87% of Agency revenue; County funding comprises the remaining 13%.

Two-thirds of the County funding in the Agency budget is match that is required by the State in order to receive \$138.5 million in State revenue. Private sector service contracts make up over one-half of the Agency budget.

HCA's largest single revenue source is State Realignment Funds, which accounts for 32% of Agency revenue.

Realignment was established in 1991 by the State legislature as an independent funding source for County health, mental health, and social services programs. Funds are derived from statewide sales taxes and vehicle license fees.

Other major sources of Agency revenue include: Medi-Cal, Substance Abuse Block Grant, California Children Services, Proposition 99, SB 90, Tobacco Settlement, Proposition 36 and fees for services.



CHALLENGES

The environment in which the Health Care Agency operates is quite dynamic. Major challenges include:

Financial

- The County and the Agency face a major budgetary challenge with regard to disaster preparedness and response. Although preliminary federal and state commitments have been made to reimburse local governments for costs related to disaster preparedness including biological and chemical events, local governments may need to absorb those costs until reimbursed. HCA continues to evaluate available resources to cover the immediate fiscal impacts.
- A second financial challenge relates to Realignment funding, which is the largest single Agency funding source. The two components of Realignment funds—Sales Taxes and Vehicle License Fees—are directly impacted by the State’s economy. The current economic downturn that affects these funding sources will reduce Realignment funding at a time when the need for County health and mental health services will probably be increased. The Agency continues to evaluate existing resources to reduce the impact of expected funding challenges.
- HCA faces a continued budgetary challenge due to the potential of a State reduction of SB 90 reimbursement for State mandated children’s mental health services for special education students. SB 90 is the major funding source for these services, which are mandated by State law. This issue also affects other California counties providing special education mental health services. The California Mental Health Directors Association is providing Statewide leadership to resolve this issue.
- To implement Proposition 36, Orange County will receive approximately \$7.9 million annually through 2005-06 for treatment, probation, court monitoring, vocational training, and other miscellaneous costs. The preliminary estimate of the number of eligible participants was 4,157 adults. A revised projection based on actual referrals is 5,264, an increase of 27%. Further, the severity of addiction of these clients and the extent of their criminal history has been greater than was anticipated. A funding shortfall of \$500,000-\$900,000 per year is expected for years 3, 4, and 5. Funding for probation services are inadequate even for this fiscal year. Toward this end, other revenue sources are being explored.

Workplace

- Although the job market is seeing a growth in unemployment, which would increase opportunities to recruit and retain employees, it can still be difficult to hire qualified staff, especially for jobs that require specific certification or expertise. HCA promotes participation in the Management Performance Plan (MPP) and the Performance Incentive Program (PIP) as a benefit of employment with the Agency.
- Another workforce challenge is the ability to respond to the changing social and demographic factors that affect Agency services. The expected growth in both adolescents and older adults as well as the increase in Hispanic and Vietnamese populations require a long range plan for working with the local educational system, recruiting early for

professions, and increasing the number of culturally competent workers attending and graduating from college. The Agency continues to strengthen its collaborative relationships with local colleges and universities.

OVERCOMING CHALLENGES

We will address these challenges by:

- Continuing to facilitate the success of collaborative efforts by providing leadership, active participation, and skilled staff support delivery as we work with our community partners to serve the citizens of Orange County. Collaboratives will become increasingly important in addressing future challenges. (Information regarding existing HCA collaborative activities can be found in Appendix E.)
- Continued focus on optimal development and deployment of staff, appropriate contracting for professional services, and optimal organizational design. Contracts currently account for 58% of the HCA budget, or \$244 million in services with the private or non-profit sector.
- Implementing new technologies, such as a the enterprise system and other management information systems that will collect client information across HCA service areas, to support service delivery and program development and provide for more timely revenue/reimbursement claiming.
- Review of fees and other revenues on a regularly scheduled basis to ensure full cost recovery for Agency programs.
- Advocating for legislation and pursuing grant opportunities to increase non-County funding for existing and new programs, in coordination with the County Executive Office.

STRATEGIES TO ACCOMPLISH AGENCY GOALS

In addition to the business strategies supporting all of the Agency's goals, the Health Care Agency's 2002 Business Plan contains specific strategies for each goal, to be implemented over the next year. The criteria for these strategies include:

- Consistency with County and Agency strategic goals
- Anticipated new funding or service mandates, and
- Realistic assessment of the resources available for individual projects.

Following are the four external goals and two business strategies for the Health Care Agency. Associated with each goal and business strategy are new or enhanced strategies that will be undertaken during 2002; associated with each of these strategies is the performance measures that will be monitored throughout the year to gauge their success.

GOAL 1: PREVENT DISEASE AND DISABILITY, AND PROMOTE HEALTHY LIFESTYLES

1.1 Enhance disease surveillance capabilities to address new, emerging and current communicable diseases.

- Develop rapid communication notification systems for Orange County Medical Doctors for outbreaks and other medical alerts by February 2002.
- Develop a countywide immunization registry and utilization plan in collaboration with CalOptima's Pediatric Preventive Services Tracking System by December 2002.

1.2 Decrease alcohol and other drug use through activities such as implementing Proposition 36 and enhancing treatment for batterers and victims of domestic violence.

- Provide services to 80% of the 3,500 clients assessed by the Probation Department for eligibility for Proposition 36 services during 2002.
- Expand the Domestic Violence Substance Abuse Program to courts by December 2002.

1.3 Reduce tobacco usage of youths and adults.

- Decrease by 10% the number of stores in targeted communities selling tobacco to minors by December 2002.
- Strengthen programs to reduce tobacco usage in at least 40 private medical offices by December 2002.

1.4 Continue community health education and advocacy efforts such as chronic disease (including mental disorders) and injury prevention for adolescents, adults, and older adults.

- Develop a stigma reduction campaign regarding substance abuse, mental illness, sexually transmitted diseases (STD) and HIV by December 2002.
- Implement a countywide health education media campaign promoting healthy lifestyles, targeting older adults by July 2002.

1.5 Promote oral health with individuals, families and the community.

- Develop a plan to promote fluoridation by December 2002.

GOAL 2: ASSURE ACCESS TO QUALITY HEALTH CARE SERVICES

2.1 In collaboration with community partners, increase access to healthcare for children.

- Develop and implement a community-wide strategic plan to increase the number of children with health insurance and a medical home (i.e. primary health care provider). The plan will be developed by July 2002.

2.2 Enhance primary and specialty care services for persons eligible for the Medical Services for Indigents (MSI) Program.

- Identify potential system redesign options for the MSI program during 2002.
- Disseminate information on free or low cost prevention services to clients who apply for MSI during 2002.

2.3 Build Agency and community capacity to address local unmet health needs.

- Seek funding to provide for a Medical Director for the Child Abuse Services Team (CAST) program during 2002.
- Increase transitional housing capacity for homeless mentally ill by December 2002.

GOAL 3: PROMOTE AND ENSURE A HEALTHFUL ENVIRONMENT

3.1 In collaboration with local, state, and federal agencies, further develop and enhance Orange County disaster preparedness and capacity to respond to biological and chemical terrorism.

- Complete comprehensive HCA Biological and Chemical Terrorism Response and Disaster Plan by March 2002.
- The Public Health Laboratory Level B National Response Network Bioterrorism capabilities will be in place by June 2002.

3.2 Enhance ocean water quality in Orange County.

- Conduct two (2) watershed contaminant source identification studies by December 2002.
- Occupy new temporary water quality laboratory by March 2002 and continue planning for permanent facility in Newport Beach.
- Collaborate with the County Executive Office, Public Facilities and Resources Department, sanitation districts, and local cities to develop a model grease control ordinance by December 2002.

3.3 Enhance countywide Animal Care Services with the design and relocation of its shelter as well as the review of the governance structure with the cities.

- The new Animal Care facility draft design development and schematic drawings will be ready for Agency approval by December 2002.

3.4 Reduce exposure to environmental toxins such as lead and second-hand smoke.

- Increase by 10% the number of households in targeted communities prohibiting smoking in the home or car by December 2002.
- Increase by 5% the number of publicly funded/private sector medical practitioners utilizing the fingerstick blood lead protocol by December 2002.

GOAL 4: RECOMMEND AND IMPLEMENT HEALTH POLICY AND SERVICES BASED UPON ASSESSMENT OF COMMUNITY HEALTH NEEDS

4.1 Continue to serve in a leadership role in community planning initiatives to meet unmet health needs of Orange County.

- Chair the Children and Families Commission Early Care, Education and Counseling funding panel during the 2002 funding cycle.
- Implement and establish a monitoring process for Tobacco Settlement Revenue (TSR) projects by December 2002.

4.2 In conjunction with the Orange County Health Needs Assessment (OCHNA), present findings and recommendations regarding key health issues related to Orange County.

- Participate in presenting the findings and recommendations of the 2001 OCHNA by April 2002.

4.3 Continue collaborative efforts that strengthen the data used for making policy recommendations such as OCHNA, Proposition 10 Community Indicators Report, Eighth Annual Condition of Children Report and the Condition of Older Adults Report.

- In collaboration with OCHNA, produce at least two white papers based on data from 2001 Report by December 2002.
- In collaboration with the Children and Families Commission assist in the development of the Community Indicators Report by February 2002.
- In collaboration with the Children's Services Coordination Committee (CSCC), develop the Eighth Annual Condition of Children Report by August 2002.
- In collaboration with the Community Services Agency (CSA) and Social Services Agency (SSA) assist in producing a Condition of Older Adults Report by February 2002.

BUSINESS STRATEGY 1: ENCOURAGE EXCELLENCE BY ENSURING A HEALTHY WORK ENVIRONMENT THAT VALUES EMPLOYEES

5.1 Strengthen Agency workforce through professional development and training opportunities.

- Analyze, prioritize and begin implementation of the strategies identified through the 2001 Employee Training Survey data by July 2002.
- Provide HCA managers and supervisors with training needed to be effective in their roles through the Leadership Excellence and Development (LEAD) program.

5.2 Promote Agency values by integrating the "Excellence in Action" compliance program into Agency operations.

- Train all new employees within their first 60 days of employment.
- Develop additional monitoring, tracking and measurement systems by May 2002.

5.3 Broaden employee opportunity to participate in decision-making and program outcomes through active support of employee work groups (e.g., the HCA Labor Management Committee [LMC list is in Appendix F], the Nurse Working Group, and the Performance Incentive and Management Performance Plans [PIP/MPP].

- Support the LMC in retaining and soliciting members from a broad representation of programmatic and professional backgrounds.
- Support LMC involvement in resolving issues using working groups that include representatives from impacted areas, supervisors and managers.
- Facilitate the continued development and structural design of the Nurse Working Group.

BUSINESS STRATEGY 2: SUPPORT THE WORKFORCE THROUGH THE EFFECTIVE USE OF TECHNOLOGICAL AND OTHER RESOURCES

6.1 Enhance employee performance through improved access to information technology such as the Agency-wide management information system.

- Implement the Behavioral Health Service components of the Agency-wide management information system by November 2002.
- Implement the Public Health Client Registration system by November 2002.
- Implement the Public Health Laboratory system by November 2002.

6.2 Continue to monitor and evaluate facilities in order to meet workforce needs and local, state, and federal requirements such as the American with Disabilities Act (ADA).

- Complete all Year Two recommended ADA modifications by July 2002 and initiate remaining Year Three recommended modifications by December 2002.

6.3 Ensure compliance with the Health Insurance Portability Accountability Act (HIPAA)

- Provide training and education to all new and existing staff to ensure compliance by October 2002.
- Complete identification of impacted systems; evaluate new security, privacy and transaction standards; and develop a schedule for bringing systems into compliance by October 2002.

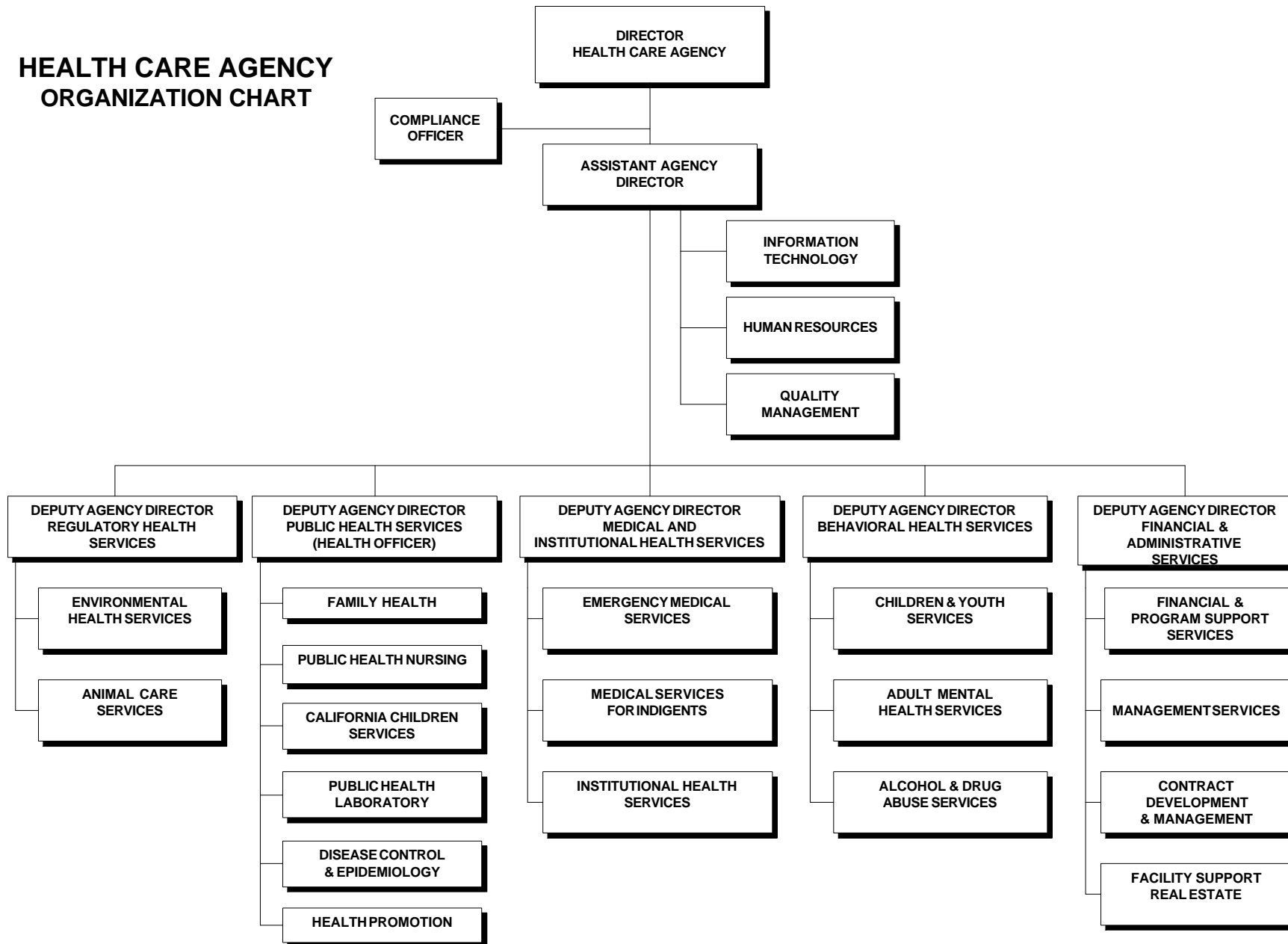
In addition to the Key Outcome Measures described on pages 8-13 and these 2002 performance measures, service plans related to each strategy will be used to monitor the annual progress made toward these goals.

HEALTH CARE AGENCY

2002 BUSINESS PLAN

IV. APPENDICES

HEALTH CARE AGENCY ORGANIZATION CHART



Health Care Agency Executive Team

Juliette A. Poulson, RN, MN

Director

David L. Riley

Chief Compliance Officer
Office of Compliance

Mike Spurgeon

Deputy Agency Director
Regulatory Health Services

Douglas C. Barton

Deputy Agency Director
Behavioral Health Services

Herb Rosenzweig

Deputy Agency Director
Medical & Institutional Health Services

Mark B. Horton, MD, MSPH

Deputy Agency Director / Health Officer
Public Health Services

Alice Manning

Interim Deputy Agency Director
Financial & Administrative Services

Ronald L. LaPorte

Chief
Office of Quality Management

Ken Hohla

Chief Information Officer
Information Technology

Susan McMillan

Manager
HCA Human Resources

Business Plan Team Office of Quality Management

Ronald L. LaPorte	Chief
Davine Abbott	Planning Manager
Mary E. Maicki	Planning Analyst
Carole Mintzer	Planning Analyst
Curtis Condon	Senior Research Analyst
Louis Scarpino	Planning Analyst
Stacy Lynn Dyer	Planning Analyst
Janel Alberts	Research Analyst
Howard Sutter	Public Information Analyst
Carole Neustadt	Public Information & Communications Manager
Pat Markley	Public Information Analyst
David Samarin	Desktop Publishing

The content and preparation of the 2002 HCA Business Plan involved the Executive Team, Office of Quality Management, Division Managers, Program Managers, and various LMC Members.

Business Plan 2001 Summary of Accomplishments

The Health Care Agency's Business Plan 2001 contained seven goals, five Executive Indicators and 78 consolidated projects. A tally and highlights are provided below.

Accomplishments:

Significant progress was made on the five key outcome measures. These were multi-year projects and, thus, were not anticipated to be fully accomplished in 2001. Of the 78 projects, 94% were accomplished in whole or in part.

Highlights of accomplishments associated with each of the seven major goals are as follows:

1. Improve family and individual health

This goal had 21 objectives of which 16 were accomplished, 2 were partially accomplished, and 3 were not accomplished. Highlights of the accomplishments that further this goal include:

- Establishment of an 80-bed Mental Health Rehabilitation Center in Mission Viejo.
- Development of a program to comply with Proposition 36 provisions in collaboration with the County Executive Office, Probation, other criminal justice agencies and local treatment providers.
- Contracting for medical van transportation to improve access to medical care at the University of California, Irvine Medical Center and St. Joseph's Hospital for the elderly and uninsured.

2. Assure the availability of integrated services – Prevention, Treatment and Rehabilitation

This goal had 12 objectives of which 11 were accomplished and 1 was not accomplished. Highlights of the accomplishments that further this goal include:

- Completion of an alcohol and drug treatment pilot project in which 104 inmates received services.
- Expansion of field nursing services at four Family Resource Centers.

3. Reduce environmental threats to health

This goal had 11 objectives of which all 11 were accomplished. Highlights of the accomplishments that further this goal include:

- Establishment of two temporary Watershed and Ocean Water Monitoring Programs to track bacterial pollution sources.
- Evaluation conducted at two sites for the Ocean Recreation Water program, in collaboration with Public Facilities and Resources Department PFRD.
- Increased awareness of food borne illness in two communities.

4. Provide services with a focus on quality

This goal had 13 objectives of which 11 were accomplished, 1 was partially accomplished, and 1 was not accomplished. Highlights of the accomplishments that further this goal include:

- Development of an Agency-wide Corporate Compliance Program, which included a procedures manual and training for all Agency staff.
- Development of a Policy and Procedures Manual for Juvenile Health facilities to fulfill accreditation requirements.
- Implementation of the Agency Restructuring Plan including establishment of a Health Promotion Division and a Public Health Chief of Operations.

5. Create a working environment that encourages excellence

This goal had 4 objectives of which all 4 were accomplished. Highlights of the accomplishments that further this goal include:

- Establishment of a Training and Professional Development Plan in collaboration with the Management Performance Plan and the Performance Improvement Plan.
- Development of an Agency-wide Strategic Plan for 2001-2005.

6. Acknowledged in the community as a leader in health care planning

This goal had 7 objectives of which 6 were accomplished and 1 was partially accomplished. Highlights of the accomplishments that further this goal include:

- Collaboration with the Community Services Agency and providing input to the Conditions of Older Adults Report.

- Enhancement of the Older Adults System of Care by completing a survey of constituents, their caregivers, and professionals.

7. Implement advanced technology systems for optimal use of information and resources

This goal had 10 objectives of which 7 were accomplished and 3 were partially accomplished. Highlights of the accomplishments that further this goal include:

- Enhancement of public information, including a Residential Care Website and information on public beaches.
- Development of a user friendly Guide to Services booklet on all Health Care Agency programs and services for the public.
- Award winning animal care website was established for lost animals.

Projects not accomplished as planned: Only 5 of the planned major Agency projects were not accomplished. One was dependent on the allocation of Tobacco Settlement Revenue, which did not become available. One project was not accomplished because the facility opened later than anticipated, in summer 2001. The revised construction schedule caused delay in the development of programs for the Musick Jail and has been postponed indefinitely. One project requires re-evaluation, and lastly, a lack of resources inhibited development of monitoring procedures for hepatitis C.

Unanticipated Accomplishments: Frequently, projects develop during the calendar year that were not anticipated when the Business Plan was prepared. Two major projects that provided unanticipated accomplishments for the Health Care Agency in 2001 are described below:

- Establishment of a temporary Water Quality Laboratory in Newport Beach for the Watershed and Ocean Water Monitoring Program.
- The Animal Care Services website received the CSAC Award.

Caseload/Client Data – Profile of Service Recipients

The following table provides a brief description of client groups and caseload information for programs selected to represent the range of services provided by the Agency. The data provided are the most recent available from each program and reflect a 12 month period, either calendar or fiscal year:

PROGRAM	SERVICE RECIPIENT	TYPE OF SERVICE	ANNUAL COUNT
1. Animal Care Services	Residents of 19 cities & unincorporated areas	Animal licenses	151,280
2. Animal Care Center	Residents of 21 cities & unincorporated areas	Live animals impounded	30,524
3. Behavioral Health - Adult	Adults with mental illness and/or substance abuse problems	Persons served in the community	26,368
4. Behavioral Health - Older Adult	Older adults with mental illness and substance abuse problems; frail elderly at risk of out-of-home placement	Persons served in the community	5,143
5. Behavioral Health - Children	Seriously emotionally or behaviorally disturbed children, substance abusing adolescents	Persons served in the community Persons served in County institutions (Orangewood, juvenile justice facilities)	12,971 5,860
6. California Children Services	Children with disabling or potentially disabling conditions	Case Management Services Physical Therapy Units of Service Occupational Therapy Units of Service	10,330 186,000 170,000
7. Child Health	Low income children	Child health clinic visits Child linkages to Child Health and Disability Prevention program community providers Immunizations	21,250 193,100 43,196
8. Communicable Disease Control / Epidemiology	All County residents	Communicable disease reports	13,147
9. Emergency Medical Services	All County residents and visitors Emergency Medical Technicians-I Paramedics Ambulance companies and fire departments EMT-I and Paramedic Training Programs Trauma Centers	Total 9-1-1 EMS responses Paramedic transports to designated ER Trauma patients served by trauma centers Certification/ re-certification of EMT-1s County licensure of EMT-Is Local accreditation of paramedics Inspection and licensure of public and private ambulance vehicles Review and approval of EMT-I and Paramedic training programs Designation of Trauma Centers serving Orange Co.	132,600 39,600 2,947 519 1,281 48 304 8 2
10. Dental Health	Low Income Residents Low Income Children Persons with HIV or AIDS w/o Resources Juveniles in Institutions	Emergency Dental Care Dental Treatment and Prevention Services Dental Treatment and Prevention Services Dental Treatment and Prevention Services	3,852 2,050 1,857 4,972
11. Employee Health	County employees	Initial/routine/return-to-work examinations and/or follow-up	16,600
12. Environmental Health	All County residents	Retail food facility inspections	27,401
13. Environmental Health	All County residents	Hazardous waste inspections	5,379
14. Health Promotion	All County residents	Public Education Target Group Education Patient Education Staff Education	72,841 35,202 5,948 11,253
15. HIV Test Sites	Persons at risk of HIV infection	HIV testing and counseling	14,980

APPENDIX D

PROGRAM	SERVICE RECIPIENT	TYPE OF SERVICE	ANNUAL COUNT
16. HIV Clinic	Persons with HIV infection or AIDS w/o resources for medical care	Medical care and case management visits	9,121
17. Institutional Health	Incarcerated adults	Medical screening assessments Sick-call visits (medical/dental) Behavioral Health Assessments	62,485 133,462 9,235
18. Institutional Health	Detained juveniles	Comprehensive intake assessments	8,665
19. Maternal Health	Low income pregnant women	Prenatal care referrals	1,860
20. Maternal Health	Low income pregnant or parenting teenagers and siblings	Case management	1,239
21. Maternal Health	Low income women and their partners	Contraception education and methods for women and partners	13,727
22. Medical Services for Indigents	Low income adults	Hospital inpatient days Hospital emergency department visits Unduplicated number of patients Patient encounters	21,082 10,429 13,074 163,365
23. Nutrition Services	Low income pregnant, postpartum, and breastfeeding women and children to age 5	Nutritional counseling and food vouchers for women Food vouchers for infants and children	140,716 438,614
24. Preventive Health Care for the Aging	Senior citizens 55 years and older	Total client encounters	3,864
25. Public Health Field Nursing	Infants, families or individuals, primarily low income, at high risk of health problems	Home visits for assessment, counseling/teaching, case management	31,598
26. Interagency Public Health Nursing	Pregnant substance abusing and/or HIV infected women Children and Youth in Foster Care/out-of-home placement	Home visiting Case Management Nursing Consultation and Case Management Services	2,685 3,768
27. STD Clinic	Persons, primarily low income, with sexually Transmitted diseases	Clinic visits for diagnosis and treatment of sexually transmitted diseases other than AIDS.	18,265
28. Tuberculosis (TB) Control	Persons with TB infection but not active disease	Clinic visits for treatment of latent TB infection	41,604
29. Home Visits for TB Direct Observed Therapy	Persons with active TB disease	Directly observed therapy visits for active disease or latent infection	61,464
30. Tuberculosis (TB) Control	Persons with active TB disease	Clinic visits for treatment of active TB disease	10,854

Health Care Agency Collaboratives

The Health Care Agency operates in an increasingly collaborative environment – nearly every major project included in the 2002 Operational Plan involves entities outside the Agency, including consumers. Collaboration is fostered both by program requirements and the desire to provide a coordinated continuum of services for clients. Coordinated services can reduce duplication, improve efficiency, and produce better outcomes for consumers. Examples of the types of collaborative efforts in which the Health Care Agency will be engaged in 2002 include:

- Continued efforts with the Sheriff-Coroner, OC Fire Authority, County Executive Office (CEO), and District Attorney to plan for and respond to any natural or other disaster or terrorist event.
- Collaborating with the County Executive Office (CEO), Probation, District Attorney, Public Defender, Social Services (SSA), and the Courts to implement Proposition 36 and provide a broader continuum of drug treatment and supervision services as an alternative to incarceration.
- Continued efforts with the Sheriff, Courts, Probation, and others to develop alternatives to incarceration for drug abusers and the mentally ill, and to expand treatment alternatives for juveniles on probation.
- Partnering with SSA, Probation, Regional Center, Orange County Department of Education, and others to develop a comprehensive continuum of services for children with mental illness and children who have been, or are at risk of, being placed outside the home.
- Working with SSA, the CEO, the Community Services Agency (CSA), and other public and private organizations to develop and coordinate services to older adults with mental health and substance abuse issues, and to frail elderly at risk of out-of-home placement.
- Joining with CSA, SSA, and other public and private organizations to identify strategic priorities for improving/expanding services for older adults and for assessing domestic-violence related services in Orange County.
- Participating with the Public Facilities and Resources Department, the Regional Water Quality Control Board, and other public/private organizations to address watershed and urban runoff concerns and improve ocean water quality.
- Serving as the lead collaborative partner in developing a strategic plan and implementing strategies for increasing access to healthcare for children.
- Serving as a collaborative partner with the Sheriff, Probation, SSA, and community-based organizations on the Community Revitalization program to provide direct services to four targeted County Islands – El Modena, La Colonia Independencia, Midway City, and Southwest Anaheim.
- Serving as a collaborative partner with the CEO Homeless Prevention & Related Programs Division to identify gaps and to develop programs to meet needs in the County's Continuum of Care System for the homeless.

The Health Care Agency also plays a key role in countywide and regional health planning efforts. Examples include:

- In collaboration with community partners developing a plan for County Tobacco Settlement Revenue (TSR).
- Serving on the Children and Families Commission (Proposition 10), and its Technical Advisory and Evaluation Committees. The Commission sets priorities and funds programs to address the needs of Orange County children from birth to age five.
- Serving on the Orange County Health Needs Assessment Steering Committee and Community Partnership, which sponsors the triennial countywide health needs survey and identifies issues and problems based thereon.
- Continuing participation in the joint powers authority consisting of Orange, Riverside, Los Angeles, San Bernardino, and San Diego counties to plan and build an 18-bed secure detention facility for seriously emotionally disturbed juvenile offenders, and seek operating funds for it.
- Serving as a board member on the County's organized health system (CalOptima), which provides health services to more than 240,000 Medi-Cal and 20,000 Healthy Families beneficiaries

Health Care Agency Labor Management Committee (LMC)

Co-Leaders: Denise Fennessy and Patti Henshaw

Sponsors: Susan McMillan (HCA) and Maria DeLaTore (OCEA)

Facilitators: Becky Robinson (HCA) and Maria DeLaTore (OCEA)

Bausman, Elizabeth

Havlik, Barry

Berg, Pam

Henshaw, Patti

Bieker, Caroline

Hersch, Jim

Boon, Lee

Moore, Linda

Crick, Carolyn

McMillan, Susan

DeLaTore, Maria

Mortensen, Vickie

Dumke, Ralph

Neustadt, Carole

Fair, Sandra

Post-Minko, Linda

Fattaleh, Saba

Robinson, Becky

Fennessy, Denise

Straub, Elvira

Govett, Gary

HCA LABOR MANAGEMENT COMMITTEE ACCOMPLISHMENTS

The Health Care Agency's Labor Management Committee (LMC) was established in February of 1999 as a cooperative partnership with the Orange County Employee's Association (OCEA), as a mechanism for addressing and resolving workplace issues. The Committee's goals are to:

1. Create a working environment that encourages active engagement in achieving organizational goals and contribute to community, client and employee satisfaction.
2. Provide a forum to improve communication between all HCA employees (employees, supervisors and managers).
3. Facilitate resolution of workplace issues in order to improve employee satisfaction while providing quality health care services and regulatory oversight.
4. Provide a forum for employees to propose workplace process improvements intended to improve service delivery or improve effectiveness and/or efficiency.

Described below are the accomplishments of the HCA/LMC:

- The LMC Workplace Issues Sub-Committee has received 45 workplace issue requests to date. Three issues remain open. The remaining 42 issues have been resolved or referred to the appropriate alternate authority for processing.
- The LMC Communications Sub-Committee routinely publishes informational articles in the Agency's newsletter, which reaches all HCA employees. Minutes of the LMC meetings are routed to all Building managers for posting in common areas.
- An internal LMC Website has been developed to provide on-line information to all HCA employees who have access to a computer.
- The LMC Membership Sub-Committee has developed a membership drive PowerPoint presentation that will be used as one of several mechanisms to solicit new members to the committee.

The LMC Committee has representatives who are part of the Agency's Business Plan development team. LMC chairs participated in an HCA Business Plan Offsite Meeting. All LMC will be provided an opportunity to review and comment on the Business Plan prior to finalizing the document.